Name:

Teacher:

Geometry, Period

**Geometry**

HW #0a: Student Survey

Due: Tuesday, September 1st

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| --- | --- |
| **Basic Information** | |
| Name: | |
| Student Phone #: | Do You Text? (Circle one) YES / NO |
| Who do you live with? | |
| Home/Guardian Phone # | |
| Which adults should be informed of your success? | |
| How should we inform them? (Circle one) EMAIL / CALL / TEXT | |
| What is their contact information (if not the same as above)? | |
| Do you have nightly Access to the internet? (Circle one) YES / NO | |
| **About You** | |
| **Directions:** Answer each of the following questions in complete sentences. Failure to do so will result in LaSalle. Remember WHY > HOW > WHAT. | |
| If you could have dinner with anyone, alive or dead, who would it be? Why? | |
| After High School, I will probably…. | |
| My ideal job would be… | |
| What are three words you want describe this classroom by the end of the school year? | |
| The things I enjoy the most are… | |
| I wish my teacher knew… | |
| I learn best by… (Circle one)   1. Drawing or looking at pictures/visual representations. 2. Doing activities where I can physically move around. 3. Talking/Listening and reading/being read to. 4. Doing hands-on activities 5. Other: | |
| We want to make this math class a transformational experience. Is there anything else we should know about you as a learner? | |